

Intervention: Cost-effectiveness of guideline advice for children with asthma

Finding: Insufficient evidence for effectiveness

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other: |

Background on the intervention:

This study reviews the cost-effectiveness of interventions in the long-term care of children with asthma and compares these results with the treatment advice found in four current asthma guidelines.

Findings from the systematic reviews:

Studies show sufficient evidence for the cost-effectiveness of treatment with inhaled steroids and for self-management programs for those with severe asthma. The effectiveness of measures for trigger avoidance is not fully proven, and neither is their cost-effectiveness. Organizational interventions, such as the use of asthma nurses, can result in cost savings, but it is not clear how generalizable these findings are.

Limitations/comments:

More cost-effectiveness studies are needed, particularly for long-acting bronchodilators and self-management programs for mild and moderate asthma. Guidelines need to be made more informative and differences between guidelines from different sources should be reduced.

Reference:

Feenstra TL, Rutten-Van Molken MP, Jager JC, Van Essen-Zandvliet LE. Cost effectiveness of guideline advice for children with asthma: a literature review. *Pediatr Pulmonol*. 2002 Dec;34(6):442-54.